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polication Number 10/365,346 Filed January 20, 2006 or Topical Aerosol Fosms vt Unit 1616 Examiner Mina Haghighatian his is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a repty in the above identified opplication. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee Strall Entity Fee One month (37 CFR 1.17(a)(1)) \$120 \$50 \$ 60.00 Two months (37 CFR 1.17(a)(2)) \$460 \$230 \$ Two months (37 CFR 1.17(a)(3)) \$1050 \$525 \$ Four months (37 CFR 1.17(a)(4)) \$1640 \$820 \$ Five months (37 CFR 1.17(a)(5)) \$2230 \$1115 \$ A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number \$03129 \$ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number \$03129 \$ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number \$03129 \$ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number \$03129 \$ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number \$03129 \$ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number \$03129 \$ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number \$03129 \$ A check in the amount of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent of record. Registration Number \$0.00 \$ Signature				CP 115		
The Director has already been authorized to charge fees in this application to a Deposit Account. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account number if Sol129. WARNING: information on this form may become public. Credit card information should not be included on this form. Provide oredit and information and authorized to Acrigancy and the provide oredit and proposed in Account. The Director is hereby authorized to Charge any fees which may be required, or credit any overpayment, to Deposit Account Number 503129. I have enclosed a duplicate copy of this sheet. WARNING: information on this form may become public. Credit card information should not be included on this form. Provide oredit card information and authorization on PTO-2038. I attorney or agent of record. Registration Number 57,633 Altoney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Registration rumber if acting under 37 CFR 1.34. Registration are record of the entire interest or their representable(s) are required. Solution more than one NOTE: Signature and pages of all the inventors or assignees of record of the entire interest or their representable(s) are required. Solution middle forms if more than one NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representable(s) are required. Solution multiple forms if more than one NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representable(s) are required. Solution multiple forms if more than one NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representable(s) are required. Solution multiple forms if more than one NOTE: Signatures of all the inventors or assi				Filed Jamary 20, 2006		
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The list a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified pplication. he requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Pee	For Topical Aerosol Foams					
pplication. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee	Art Unit 1616			Examiner Mina Haghighatian		
One month (37 CFR 1.17(a)(1)) \$120 \$60 \$ 60.00 Two months (37 CFR 1.17(a)(2)) \$460 \$230 \$	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
One month (37 CFR 1.17(a)(1)) \$120 \$80 \$60.00 Two months (37 CFR 1.17(a)(2)) \$460 \$230 \$ Three months (37 CFR 1.17(a)(3)) \$1050 \$525 \$ Four months (37 CFR 1.17(a)(4)) \$1640 \$820 \$ Five months (37 CFR 1.17(a)(5)) \$2230 \$1115 \$ Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 503129 I have enclosed a duplicate copy of this sheet. WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. It am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). It attorney or agent of record. Registration Number 57,633 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Registration furnisher in the pate of the entire interest or their representable(s) are required. Submit multiple forms if more than one vote their interest or their representable(s) are required. Submit multiple forms if more than one vote their representable(s) are required.	The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
One month (37 CFR 1.17(a)(1)) \$120 \$50 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			Fee	Small Entity Fee	60.00	
Three months (37 CFR 1.17(a)(3)) \$1050 \$525 \$	✓	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	
Five months (37 CFR 1.17(a)(4)) \$1640 \$820 \$		Two months (37 CFR 1.17(a)(2))	\$460	\$230	s	
Five months (37 CFR 1.17(a)(5)) \$2230 \$1115 \$		Three months (37 CFR 1.17(a)(3))	\$1050	\$525	s	
A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge fees which may be required, or credit any overpayment, to Deposit Account Number		Four months (37 CFR 1.17(a)(4))	\$1640	\$820	s	
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Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 503129 . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the	Applicant claims small entity status. See 37 CFR 1.27.					
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attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 /Michael J. Terapane/ Signature Signature Michael J. Terapane, Ph.D. 404-879-2155 Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one	Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
Registration number if acting under 37 CFR 1.34 //Michael J. Terapane/ Signature Signature Michael J. Terapane, Ph.D. 404-879-2155 Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one	attorney or agent of record. Registration Number 57,633					
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Michael J. Terapane, Ph.D. 404-879-2155 Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one		/Michael J. Terapane/		January 28, 2008		
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one	Michael J. Terapane, Ph.D.			404-879-2155		
	Typed or printed name			Telephone Number		
signature is required, see below.						
Total of forms are submitted.						

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO be process) an application. Confidentially is governed by \$5 U.S. C. 12 and 7 CFR 1.11 and 1.1. This collection is estimated to take for minutes to complete, including gathering, repearing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual cases. Any comments on the amount of time you require to complete the firm anafor's suggestions for reducing this busines, should be sent to the Chell Information Officer, U.S. Petant and "Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandrix, VA 22315-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO; Commissioner for Pathons, P.O. Box 1450, Alexandrix, VA 22315-1450.